

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s):	Paul A. Worsowicz; Heidi L. Kr	oll
II. Name of Lobbyist's pa	artnership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN	·
603-228-118	214 North Main Street, Co	·
(Telephone		
(Telephone) (Fax)	(Email)
	s: (Choose one – file separate reports for actions which are not attributable to any	each client, OR you may file a separate report for one client.)
All reportable trans	actions occurring in the month prior to the	reporting date relative to the following client.
	LIFE COPING	
(Full Name of Client as it appears on the Lo	obbyist Registration Form)
All reportable trans unrelated to any par		rist's family), or the lobbying firm listed below which ar
IV. Date of Report:	April 24, 2019 🗵	July 31, 2019 □
	ty from date of registration to 3/31/19	activity from 4/1/19 to 6/30/19
	October 30, 2019	January 29, 2020 □
aati	vity from 7/1/19 to 9/30/19	activity from 10/1/19 to 12/31/19
ucii	vity from 7/1/19 to 9/30/19	ucavity from 10/1/19 to 12/31/19
	es received and no reportable transaction olete just this form and submit it to the Secr	ns made since the last report. vetary of State's Office, State House, Room 204,
VI. Check if additional r	enorts are attached:	
	d fees or made expenditures, you must file	Addendum A – Fees and Expenses
If you have paid an Expense Reimburse	ement	nust file Addendum B – Report of Honorariums or ons, you must file Addendum C – Political Contribution
Sworn Statement/Affirms I have read RSA 15, RSA 1 to the best of my knowledg	5-B and RSA 664 and hereby swear or aff	rm that the foregoing information is true and complete
Baul ak	(openy	4-18-79 (Date)
(Signature of Lobbyist)	U	(Date)
Paul A. Worsowicz		
(Print Name of lobbyist)		

RECEIVED

APR 2.4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paul A. Worsowicz; Heidi L. Kroll					
II. Name of lobbyist's partnership, firm or corporation, if any:						
	GALLAGHER, CALLAHAN & GARTRE	LL. P.C.				
(Name of partnership, firm or corporation)						
III. Name of Client	LIFE COPING, INC.	_ Date	<u>April 24, 2</u>	019		
lobbying, including fee	unt of all fees received from the client identified above es for services such as public advocacy, government relationing legislation, and related legal work. The gross is	ations, or	public relatio	ns services,		
a) Total of all fees rece	eived in this reporting period		a) \$	1,625.00		
	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$			
c) Total of all fees reco (Add lines a and b)	eived to date.		c) \$ 	1,625.00		
d) Indicate the amount yet been paid.	t of any such fees that are due, but have not		d) \$	3,350.00		
fees. Separate reports lobbyist(s)/firm that ar are to be reported in creporting period for sexpenses where the exthe cost was \$25.00 or purchase of a ceremon statement of each individual covered by (a) (for exagiven to the subject of legislative reception).	partnerships, firms, or corporations are required to reare to be filed for expenditures made relative to each of the unrelated to any one client a separate report may be one of three categories of expenses: (a) the aggregataries, benefits, support staff, and office expenses; (penditure was of \$25.00 or less (for example: meals perfect less, purchase of a pen with a value of less than \$10 to ial object given to a person being lobbied with a value of ial object given to a person being lobbied with a value of imple: purchase of a meal with value of greater than \$25 for lobbying with a value greater than \$25, but not greater than \$25 for honorariums, expense reimbursement, of and should not be reported on Addendum A.	tient and if filed for the total of the agourchased that is given of \$25.00 greater than	f expenditure the lobbyist(s f all expense gregate total during a busi en to the pers 0 or less); ar nan \$25.00 fo ise of a cerem \$50, restaura	s are made by the of all individual iness lunch where on being lobbied of (c) an itemized and purpose no nonial object to be not expenses for a		
support staff, and offic	penses for this reporting period for salaries, benefits, e expenses, related directly or indirectly to lobbying.	a) \$ b) \$		4,875.00		
in a), of \$25 or less.		c) \$. ———	.00		
c) Total of all itemized	d expenditures reported in detail in section VI.	c) s	,	100.00		

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: LIFE COPING, INC.						
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$4,	975.00				
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$					
f) Total of all expenses year to date.	f) \$4,	975.00				
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.						
Paid to: State of NH		100.00				
	.					
	\$					
	. \$					
Sworn Statement/Affirmation by Lobbyist						
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the fore is true and complete to the best of my knowledge and belief.	egoing informa	tion				
(Signature of lobbyist) (Da	8-19 (te)					
Paul A. Worsowicz (Print Name of Lobbyist)						

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Statement of Incon	ic and Expenses for.		
Name of Lobbying p	partnership, firm or corpora	tion: GALLAGHER, CAL	LLAHAN & GARTRELL, P.C.
Name of Client (lear particular client):	ve blank if Statement is for Life Coping, Inc.	the partnership, firm, or con	rporation and not related to any
Date of Report (che	ck one):		•
April 24, 2019 🔀	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
		Statement of Income and Exement (insert the number of	spenses described above, and the Addendum forms being
1 Addendum A(s).		
0 Addendum B(s).		
0 Addendum C(s).		
•	firm that the foregoing info of my knowledge and belie		nd each Addendum is true and
(Signature of Lobb	L. Koll		4 22 2019 (Date)
	yist)		(Dute)
Heidi L. Kroll	1 1.4		
(Print Name of lob	DVISU		